& number)				
(area code				OWNER OPERATOR
C. PHONE	C. 1		B. NAME (last, first, & middle initial)	A. TYPE (mark "x")
	X			5. LEGAL CONTACT:
DE J. INDIAN LAND Yes No	L. NUMERIC COUNTY CODE	H. ZIP CODE	G. 37	
			CTATE	E CITY/TOWN
	DEG MIN SEC	D. LONGITUDE		B. STREET ADDRESS/ROUTE NUMBER
TOWNSHIP RANGE SECT 1/4 SECT				
E. TOWNSHIP/RANGE	DEG MIN SEC	C. LATITUDE		S. Maine last, illst, & middle initiall
			ION:	4. FACILITY NAME AND LOCATION:
Replacement	Entry Change	on, UC 20460, and to the Office	I. Washington, DC 20503.	of Management and Budget, Paperwork Reduction Project, Washington, DC 20503
mark one of the following) First Time Entry	Deletion TPE Please mark one of the following	time for reviewing instructions, e collection of information. Send stions for reducing the burden, to	nation is estimated at about 1 hour per year, including the data needed, and completing and reviewing this proof this collection of information, including suggested by the collection of information, including suggested by the collection of the co	The public reporting burden for this collection of information is estimated at about 1 hour per year, including time for reviewing instructions, searching existing data asouces, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, Information Policy Branch, 2138, U.S. Environmental Protection Associated in Service S. 19. 19. 19.
	3 TRANSACTION TYPE		PAPERWORK REDUCTION ACT NOTICE	PAPERW
		rinking Water Act.)	(This information is collected under the authority of the Safe Drinking Water Act.)	"M. PROTECT (This information
	YR MO DY	NG WATER	OFFICE OF GROUND WATER AND DRINKING WATER	
2. FACILITY ID NUMBER	1. DATE PREPARED (Year, Month, Day)	ELLS	INVENTORY OF INJECTION WELLS	
C. UMB No. 2040-0042	i only Opproved.			MITED STAP

D. ORGANIZATION F. CITY/TOWN

E. STREET/P.O. BOX

G. STATE

H. ZIP CODE

I. OWNERSHIP (mark "x") PRIVATE

STATE

SPECIFY OTHER

PUBLIC FEDERAL

WELL INFORMATION

A. CLASS AND	B. NUMBER OF WELLS C. TOTAL	OF WELLS	C. TOTAL	D.	D. WELL OPERATION STATUS	RATION	STATUS
TYPE	COMM	COMM NON-COMM	OF WELLS	C	AC	1λ	PA
	•						
		***************************************			_		

COMMENTS (Optional):

A

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section 1/4 SECT = Quarter Section

COMM = Commercial NON-COMM = Non-Commercial

AC = Active

UC = Under Construction

TA = Temporarily Abandoned

PA = Permanently Abandoned and Approved by State

AN = Permanently Abandoned and not Approved by State

INSTRUCTIONS AND DEFINITIONS

SECTION 1. DATE PREPARED: Enter date in order of year, month, and day.

SECTION 2. FACILITY ID NUMBER: In the first two spaces, insert the appropriate U.S. Po tal Service State Code. In the third space, insert one of the following one letter alphabetic identifiers:

- D DUNS Number,
- G GSA Number, or
- S State Facility Number.

In the remaining spaces, insert the appropriate nine digit DUNS, GSA, or State Facility Number. For example, A Federal facility (GSA - 123456789) located in Virginia would be entered as: VAG123456789.

SECTION 3. TRANSACTION TYPE: Place an "x" in the applicable box. See below for further directions.

Deletion. Fill in the Facility ID Number.

First Time Entry. Fill in all the appropriate information.

Entry Change. Fill in the Facility ID Number and the information that has changed.

Replacement.

SECTION 4. FACILITY NAME AND LOCATION:

- A. Name. Fill in the facility's official or legal name.
- B. Street Address. Self Explanatory.
- C. Latitude. Enter the facility's latitude (all latitudes assume North except for American Samoa).
- D. Longitude. Enter the facility's longitude (all longitudes assume West except for Guam).
- E. Township/Range. Fill in the complete township and range. The first 3 spaces are numerical and the fourth is a letter (N,S,E,W) specifying a compass direction. A township is North or South of the baseline, and a range is East or West of the principal meridian (e.g., 132N, 343W).
- F. City/Town. Self Explanatory.
- G. State. Insert the U.S. Postal Service State abbreviation.
- H. Zip Code. Insert the five digit zip code plus any extension.

SECTION 4. FACILITY NAME & LOCATION (CONT'D.):

- I. Numeric County Code. Insert the numeric county code from the Federal Information Processing Standards Publication (FIPS Pub 6-1) June 15, 1970, U.S. Department of Commerce. National Bureau of Standards. For Alaska, use the Census Division Code developed by the U.S. Census Bureau.
 - J. Indian Land. Mark an "x" in the appropriate box (Yes or No) to indicate if the facility is located on Indian land.

SECTION 5. LEGAL CONTACT:

- A. Type. Mark an "x" in the appropriate box to indicate the type of legal contact (Owner or Operator). For wells operated by lease, the operator is the legal contact.
- B. Name. Self Explanatory.
- C. Phone. Self Explanatory.
- D. Organization. If the legal contact is an individual, give the name of the business organization to expedite mail distribution.
- E. Street/P.O. Box. Self Explanatory.
- F. City/Town. Self Explanatory.
- G. State. Insert the U.S. Postal Service State abbreviation.
- H. Zip Code. Insert the five digit zip code plus any extension.
- I. Ownership. Place an "x" in the appropriate box to indicate ownership status.

SECTION 6. WELL INFORMATION:

- A. Class and Type. Fill in the Class and Type of injection wells located at the listed facility. Use the most pertinent code (specified below) to accurately describe each type of injection well. For example, 2R for a Class II Enhanced Recovery Well, or 3M for a Class III Solution Mining Well, etc.
- B. Number of Commercial and Non-Commercial Wells. Enter the total number of commercial and non-commercial wells for each Class/Type, as applicable.
- C. Total Number of Wells. Enter the total number of injection wells for each specified Class/Type.
- D. Well Operation Status. Enter the number of wells for each Class/Type under each operation status (see key on other side).

Injection Well Class and Type Codes

- CLASS I Industrial, Municipal, and Radioactive Waste Disposal Wells used to inject waste below the lowermost Underground Source of Drinking Water (USDW).
- TYPE 11 Non-Hazardous Industrial Disposal Well.
 - 1M Non-Hazardous Municipal Disposal Well.
 - 1H Hazardous Waste Disposal Well injecting below the lowermost USDW.
 - 1R Radioactive Waste Disposal Well.
 - 1X Other Class I Wells.
- CLASS II Oil and Gas Production and Storage Related Injection Wells.
- TYPE 2A Annular Disposal Well.
 - 2D Produced Fluid Disposal Well.
 - 2H Hydrocarbon Storage Well.
 - 2R Enhanced Recovery Well.
 - 2X Other Class II Wells.
- CLASS III Special Process Injection Wells.
- TYPE 3G In Situ Gassification Well.
 - 3M Solution Mining Well.

- CLASS III (CONT'D.)
- TYPE 3S Sulfur Mining Well by Frasch Process.
 - 3T Geothermal Well.
 - 3U Uranium Mining Well.
 - 3X Other Class III Wells.
- CLASS IVWells that inject hazardous waste into/above USDWs.
- TYPE 4H Hazardous Facility Injection Well.
 - 4R Remediation Well at RCRA or CERCLA site.
- CLASS V Any Underground Injection Well not included in Classes I through IV.
- TYPE 5A Industrial Well.
 - 5B Beneficial Use Well.
 - 5C Fluid Return Well.
 - 5D Sewage Treatment Effluent Well.
 - 5E Cesspools (non-domestic).
 - 5F Septic Systems (non-domestic).
 - 5G Experimental Technology Well.
 - 5H Drainage Well.
 - 51 Mine Backfill Well.
 - 5J Waste Discharge Well.